

# Sida's Portfolio within Health 2012

The health portfolio makes up 10 % of Sida's total disbursements. Most of the health development work is directed at achieving Millennium Development Goal 4 to reduce child mortality and 5 to improve maternal health.

This overview shows Sida's disbursements to the sector divided by subsectors and country/region in 2012.

## Main areas of support

Disbursements in the health portfolio increased substantially from 1.1 million SEK (MSEK) in 2011 to 1.8 MSEK in 2012. This is due partly to an increase in bilateral health aid and partly to a large regional support for the implementation of MDG 4 and 5 in Africa that was disbursed during 2012.

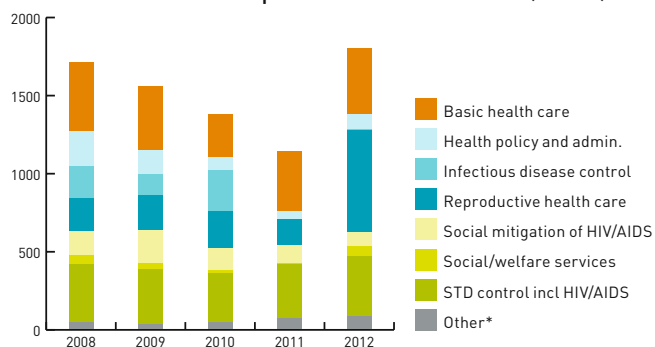
The main focus areas in Sida's health portfolio are

- Transfer of resources for service delivery
- Institutional strengthening, knowledge generation and dissemination
- Advocacy

## Sida's disbursements per subsectors

Sida's disbursements are divided into OECD DAC defined subsectors for statistical purposes. Chart 1 shows the disbursements by subsector in a five-year overview. It can be concluded that Sida's support within health is mainly distributed to the subsectors: Reproductive health care 652 MSEK (36%) followed by Basic health care 418 MSEK (23%) and STD control incl. HIV/AIDS 395 MSEK (22%). These three subsectors make up approximately 80% of total disbursements.

Chart 1: Disbursements per subsector 2008–2012 (MSEK)



\* Basic health infrastructure, Basic nutrition, Health education, Health personnel development, Medical services, Narcotics control, Personnel education, Population policy and admin, Medical education.

## Transfer of resources for service delivery

The majority of resources in the health portfolio is allocated to service delivery. Most of Sida's support to service delivery is channeled through bilateral programs, but also using the UN system and Civil Society Organisations (CSOs) where appropriate. When the support is not directed towards national health plans it is generally directed towards child health and vaccination or reproductive health. Some programs target specific areas such as support to medical stores in Zambia, safe abortions in Bangladesh and teenage centers in Zambia. There is also support to strengthen CSOs and capacity development for health systems strengthening.

The conflict/post-conflict group consists of South Sudan, DRC, Somalia, Guatemala and disbursements to these make up 12% of the portfolio. In Tanzania, South Africa, Zimbabwe and Botswana there is a strong focus on HIV and AIDS, and in India the focus is on partner driven cooperation.

Sida decided during 2012 to support the joint collaboration H4+ (WHO, UNFPA, UNICEF, UNAIDS, UN WOMEN and the World Bank) to assist the Ivory Coast, Ethiopia, Guinea-Bissau, Cameroon, Liberia and Zimbabwe to achieve MDG 4 and 5.

Important partners on global level include International Planned Parenthood Federation, IPPF, a global NGO with an extensive service delivery program within Sexual and Reproductive Health and Rights, SRHR aimed at contraception, HIV testing and counseling and IHAA, International HIV and AIDS Alliance, for HIV prevention, SRHR service and Mother-To-Child-Transmission, MTCT.

## Institutional strengthening, knowledge generation and dissemination

Many programs include aspects of institutional strengthening. On the global level the largest support in this category

is disbursed to WHO for its normative work.

UNFPA is an important organization for normative work but also for technical assistance, service delivery and advocacy. Support to Human Resources through UNFPA is mainly given to midwifery training which has contributed to increased training of midwives in Cambodia, Zambia and Ethiopia.

### Advocacy

Advocacy is most relevant in the areas of health development cooperation that are controversial, such as some areas within the SRHR agenda, mainly around abortion, adolescents, LGBT (lesbian, gay bi-sexual and transsexual) and sexual rights, but also around areas where promotion is important such as midwifery and breastfeeding.

On safe abortion Sida supports the NGO Ipas work to increase access through law reform which has contributed to some progress in Kenya and Nicaragua. IPPF has an advocacy component on SRHR and contraceptives. Breastfeeding, which is important for child survival is supported through World Alliance for Breastfeeding Actions (WABA) for advocacy work from local to global level. With skilled care at child delivery as a major indicator for maternal health the promotion of midwives is central and Sida supports this through several channels, booth for advocacy and the actual training of midwives. Sida is also financing Midwife Junior Professional Officers through the JPO Programme.

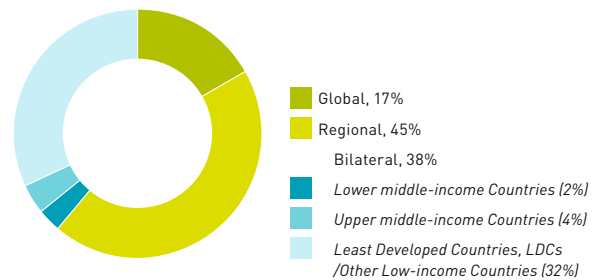
An interesting program somewhere between advocacy and knowledge dissemination is the support to FEMINA in Tanzania, a journal for SRHR information to young people.

Support to advocacy related to HIV and AIDS is channeled through the regional team in Lusaka and includes human rights to key populations (sex workers, IV drug users and men who have sex with men).

### Disbursements per geographical distribution

Sidas disbursements are distributed on a global, regional or bilateral (country) level. 17 % of the health portfolio was disbursed globally and 45 % regionally. Out of the bilateral disbursements (39%), the most part went to Least Developed Countries, LDCs (32%), see Chart 2. This is in line with Sidas general strategic guidelines. Bangladesh received the biggest share of the bilateral disbursements (8%), followed by Zambia and South Sudan (5%).

Chart 2: Disbursements per geographical distribution 2012 (%)



### Mainstreaming thematic priorities

Gender Equality, Environment and Climate Change and Democracy and Human Rights are thematic priorities which are mainstreamed in Sida's work. Sida uses policy markers to grade and statistically track these priorities in contributions. Of the total disbursements in the health sector 72 % was marked as having Gender Equality as a significant objective and 25 % as principal objective. 52 % was marked as having to Democracy and Human Rights as significant objective and 22 % as principal objective. The aim is to continue to mainstream these priorities in the Swedish health development cooperation.

## Highlights

### THE WORLD'S LARGEST HEALTH SECTOR PROGRAMME

Sida supports The Health Nutrition and Population Sector Programme, HNPSP2 in Bangladesh. It has as a main purpose to improve access and utilization of basic health, population and nutrition service for poor people. This programme is the biggest health sector programme in the world and the Swedish contribution is 415 MSEK equivalent to 4 % of the total support.

Results show that maternal mortality has decreased from 320/1000 in 2001 to 194 /1000 and mortality in infants and children has decreased to 39 and 50/1000, close to the targets 31 and 48 respectively. The percentage of births assisted by trained personnel increased from 27 last year to 32, although among the poorest fifth of the populations the share is still only 10 %.

### REPRODUCTIVE AND SEXUAL HEALTH PROGRAMME

Sida supports the Comprehensive Reproductive and Sexual Health Program including Menstrual Regulation Services in Bangladesh. The main purpose of the program is to increase access to and utilization of good quality reproductive health care. The Swedish support to the program is 42,4 MSEK which is equivalent to 99,8 % of the total support.

Results show that the target to provide 150 713 people with family planning was exceeded by 40 %. 62 040 women used services for Menstrual Regulation (MR)/early abortion and 3488 women received care after unsafe abortions through the program.